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Bib Data Sheet

SERIAL NUMBER 09/200,055	FILING DATE 11/25/1998 RULE —	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 3176-7694	
APPLICANTS JEFFREY M. GARIBALDI, ST. LOUIS, MO ; WALTER M. BLUME, WEBSTER GROVES, MO ; ** CONTINUING DATA ***** THIS APPLICATION IS A CON OF PCT/US98/02835 02/17/1998 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/14/1998 ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>lls</u> Examiner's Signature Initials		STATE OR COUNTRY MO	SHEETS DRAWING 6	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
ADDRESS BRYAN K. WHEELLOCK DOEPKEN KEEVICAN & WEISS 15TH FLOOR, ONE METROPOLITAN SQUARE 211 NORTH BROADWAY ST. LOUIS ,MO 63102					
TITLE METHOD OF AND APPARATUS FOR NAVIGATING MEDICAL DEVICES IN BODY LUMENS					
FILING FEE RECEIVED 703	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 4368

SERIAL NUMBER 09/200,055	FILING DATE 11/25/1998 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 3176-7694
APPLICANTS JEFFREY M. GARIBALDI, ST. LOUIS, MO; WALTER M. BLUME, WEBSTER GROVES, MO;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF PCT/US98/02835 02/17/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/14/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MO	SHEETS DRAWING 6	TOTAL CLAIMS 40
INDEPENDENT CLAIMS 4				
ADDRESS HARNESS, DICKEY & PIERCE P.L.C. 7700 BONHOMME SUITE 400 ST. LOUIS ,MO 63102				
TITLE METHOD OF AND APPARATUS FOR NAVIGATING MEDICAL DEVICES IN BODY LUMENS				
FILING FEE RECEIVED 703	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/200,055		FILING DATE 11/25/98	CLASS 606 604	GROUP ART UNIT 3731 3734	ATTORNEY DOCKET NO. 3176-7694
APPLICANT JEFFREY M. GARIBALDI, ST. LOUIS, MO; WALTER M. BLUME, WEBSTER GROVES, MO.					
CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A CON OF PCT/US98/02835 02/17/98 Sadhula, Jennifer					
371 (NAT'L STAGE) DATA*** VERIFIED					
FOREIGN APPLICATIONS*** VERIFIED					
FOREIGN FILING LICENSE GRANTED 12/14/98 ***** SMALL ENTITY *****					
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			STATE OR COUNTRY MO	SHEETS DRAWING 6	TOTAL CLAIMS 40
Verified and Acknowledged Examiner's Initials _____ Initials _____			INDEPENDENT CLAIMS 4		
ADDRESS BRYAN K WHELOCK HOWELL & HAERKAMP 7733 FORSYTH BOULEVARD SUITE 1400 ST LOUIS MO 63105					
TITLE METHOD OF AND APPARATUS FOR NAVIGATING MEDICAL DEVICES IN BODY LUMENS By A guide wire with a magnetic tip.					
FILING FEE RECEIVED \$703		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	